



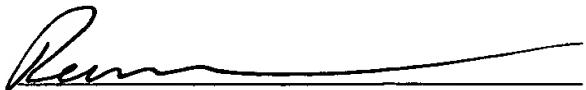
1635  
IFN  
USSN: 09/475,704  
Dkt. No.: PP001631.0002  
2302-1631

**PATENT**

**CERTIFICATE OF MAILING PURSUANT TO 37 CFR § 1.8**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on **May 16, 2006**.

5/16/06  
Date

  
Signature

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

BARNETT et al.

Serial No.: 09/475,704

Filing Date: December 30, 1999

Title: POLYNUCLEOTIDES ENCODING  
ANTIGENIC HIV TYPE C POLYPEPTIDE,  
POLYPEPTIDES AND USES THEREOF

Examiner: B. Whiteman

Group Art Unit: 1635

Confirmation No.: 6738

Customer No.: 27476

**TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

Sir:

Transmitted herewith for filing, please find the following documents:

- Response to Office Action (24 pages)
- Petition for Extension of Time (1 page) *in duplicate*
- Return receipt postcard

USSN: 09/475,704  
Dkt. No.: PP001631.0002  
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The fee is calculated as follows:

|   | NO. OF CLAIMS | CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE       | FEE              |
|---|---------------|----------------------------|--------------|------------|------------------|
| Total Claims  | 74            | - 90                       | 0            | x \$50.00  | \$0              |
| Independent Claims                                      | 4             | - 10                       | 0            | x \$200.00 | \$0              |
| Multiple dependent claims not previously presented, add |               | \$360.00                   |              |            | \$0              |
| Total Amendment Fee                                     |               |                            |              |            | \$0              |
| Petition for Extension of Time Fee                      |               |                            |              |            | \$1020.00        |
| Small Entity Reduction (if applicable)                  |               |                            |              |            | \$0              |
| <b>TOTAL FEE DUE</b>                                    |               |                            |              |            | <b>\$1020.00</b> |

X Check in the amount of \$1020.00

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: May 16, 2006

By: Dahna S. Pasternak  
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